



Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01206057

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1742757919/2/000

Payee Name / Address:

THE HEIDI GROUP
PO BOX 2050
ROUND ROCK,TX 786802050

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$66,377.34

Discount Amt Taken: \$0.00

Payment Amount: \$66,377.34

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description				AMOUNT
1	0000100178	0		529-16-0102-00053 Jan	529-16-0102-00053 JAN (FY17 - Contract 529-16-0102-00)				\$66,377.34
ShipTo ID	Non-HHSAS Cntrct ID								
1326	Contract #	Wkfc	Org PmtDt	IC	RC	Invoice DT:	03/29/17	Req'd Pay DT:	04/06/17
	529-16-0102-00053	N				Inv Recv'd DT:	03/29/17	Pay Due DT:	04/28/17
	Account	Entry Event	Fund	Dept.	Program	Class	Budget Ref	Pri/Grant	Amount
1.1	762300		0001	MFPG	1011Q	03150	2017	GR	\$66,377.34
	Open Item Key:								Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

DOS: 012017

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

APR 06 2017

04/06/2017

Approved By	Approver Phone(Area+Number)	Date Approved	DateEntered into HHSAS
			Gonzalez,Maria Gina (ONL UID)
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By
Contact Name		Contact Phone(Area+Number)	

PURCHASE VOUCHER

(Shaded areas not used by Agency 529)

Page 1 of 1

1. Agency reference number	2. Agency number 529	3. Agency name Health & Human Services Commission	4. Current document number 529						
5. Effective date	6. Contract date	7. Contract doc	8. Doc agency 529						
9. Texas Identification number 17427579192000		10. PDT	11. POC	12. Purchase Order number 0000100178	13. Document amount \$66,377.34				
14. Payee name / address The Heidi Group PO Box 2050 Round Rock, TX 78680-2050				15. ESC document number	17. AGENCY USE				
18 SFX 001	Ref Doc	PG	PC	POA	FY	COBJ	AGEN	Amount 7623	
	APPN	Fund	Print Date		Invoice date		Invoice number / Account Number	Invoice Received Date	
	DeptID/Speedchart MFPG						Requested Payment Date Today	Interest Control	Reason Code
18 SFX 001	Ref Doc	PG	PC	POA	FY	COBJ	AGEN	Amount	
	APPN	Fund	Print Date		Invoice date		Invoice number / Account Number	Invoice Received Date	
	DeptID/Speedchart						Requested Payment Date	Interest Control	Reason Code
18 SFX 001	Ref Doc	PG	PC	POA	FY	COBJ	AGEN	Amount	
	APPN	Fund	Print Date		Invoice date		Invoice number / Account Number	Invoice Received Date	
	DeptID/Speedchart						Requested Payment Date	Interest Control	Reason Code
19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES Reimbursement for services as specified in the contract between Health and Human Services Commission and The Heidi Group. Program: Family Planning Program Contract Term: 1/5/2017 thru 8/31/2017 HHSC Doc # 529-16-0102-00053 Type of Entity: non profit corporation				21. QUANTITY	22. UNIT PRICE	23. AMOUNT		
January 2017							\$	66,377.34	
							RECEIVED		
							MR 29 2017		
							HHSC Accounting Ops		
24. VENDOR CERTIFICATION					Phone (Area code and number)		25. Entered by		
Vendor Contact Name Carol Everett					Phone (Area code and number) 512-255-2088				
26. I approve this voucher for payment and certify that the expenses are true, correct and unpaid. (1) The goods and services covered by the document comply with the requirements of the contracts under which they were purchased; and (2) The invoices for the goods and services are correct. This payment complies with the General Appropriations Act.									
Agency contact/preparer SIGN HERE					Printed Name		Phone (Area code and number)		Date
Agency Approver SIGN HERE					Printed Name Kim Relph		Phone (Area code and number) 512-776-6443		Date 3/29/2017

**Texas Health and Human Services Commission
Form B13X**

Agency Name: The Heidi Group

Supporting Schedule for DSHS Family Planning Reimbursement Vouchers

	Column A	Column B	Column C				
1	"B" Date-month and year. "C" Total Allowable Cumulative Family Planning Expenses Incurred For All HHSC Family Planning Eligible Client Services (Do not include the value of in-kind contributions; report this amount on line 16.)	January 2017	66,377.34				
2	Program Income (Cumulative):						
3	HHSC Family Planning fee-for-service Reimbursements from TMHP	0.00					
4	Program Income From Patient Co-Payments and Client Donations	0.00					
5*	Sub Total - Program Income $\rightarrow \rightarrow \rightarrow \rightarrow$		0.00				
6*	Gross Cumulative HHSC Family Planning Reimbursable Expenses		66,377.34				
7	HHSC Share of the Family Planning Categorical Contract	2,550,000.00					
8*	Non HHSC Funding Expended – If Column C Line 6 is greater than Column B Line 7, then C6 - B7 = C8. Otherwise, Column C Line 8 will be zero.		0.00				
9*	Net Cumulative HHSC Family Planning Reimbursable Expenses	66,377.34					
10	Less: Gross Reimbursements Requests Previously Submitted to HHSC (Cumulative)		0.00				
11*	Gross Reimbursement Requested this Voucher		66,377.34				
12	Less: Amount to Apply to Advance Reduction (if any)		0				
13	Less: Refunds or Other Adjustments (if any)		0				
14*	Net Reimbursement Requested this Voucher (Negative amount at end of contract term indicates a refund to HHSC)		66,377.34				
15*	Total Cumulative Non HHSC Funding Expended (This amount must be the same as the Cumulative Non-HHSC Funding on the Quarterly FSR).		0.00				
16	Total Cumulative Value of In-Kind Contributions						
ADVANCE REPAYMENT RECORD							
17	REPAYMENTS MADE THRU VOUCHER REDUCTION	Amount of advance received (if any)					
18	MONTH	AMOUNT	MONTH	AMOUNT	MONTH	AMOUNT	
	April		Aug		Dec		
	May		Sept		Jan		
	June		Oct		Feb		
	July		Nov		March		
19*	TOTALS	0.00	+	0.00	+	0.00	= 0.00
20*	Balance of Advance Owed to HHSC						0.00

* = Indicates a built in calculation. Do not change formulas.

I certify that to the best of my knowledge and belief that the information contained in this report is correct and complete.

Signature of Authorized Certifying Official (Original signature not necessary)	2/8/2017
Carol Everett, CEO for The Heidi Group	Telephone (512) 255-2088

This completed form must be submitted with each reimbursement voucher (Form B-13) and Quarterly Financial Status Report

Banda,Joe (HHSC)

From: Relph,Kim H (HHSC)
Sent: Wednesday, March 29, 2017 4:27 PM
To: HHSC AP
Subject: URGENT: Voucher Approval - FamPlan - The Heidi Group 012017
Attachments: B13X HHSC.xlsx; January 2017 FPP HHSC Purchase Voucher FY17 - FP.xls

Importance: High

This voucher is coded and approved for encumbered payment. Please process as a "RUSH" as this voucher was received 02/09/17 but PO was only assigned today. Thank you.

Kim Relph, Contract Specialist
Health & Human Services, Austin TX
Medical & Social Services Division
Health, Developmental & Independence Services
Family & Social Svcs/Women's Hlth & Education Svcs
Mail Code 1326 - Morton Building, M-383
phone: 512-776-6443

From: HHSC Women's Health Services (WHS) Finance
Sent: Thursday, February 09, 2017 2:15 PM
To: Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: FW: Family Planning Program

From: Angie Nett [mailto:angie@heidigroup.org]
Sent: Thursday, February 09, 2017 11:21 AM
To: HHSC Women's Health Services (WHS) Finance <WHSFinance@hhsc.state.tx.us>
Cc: Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Subject: Family Planning Program

Attached are the forms for the Family Planning Program. As requested, below is the breakdown of expenses.
7/1/16-8/31/16 \$14,031.48
9/1/16-1/5/17 \$21,665.60
1/6/17-1/31/17 \$30,680.26

Should you have any additional questions, feel free to give me a call.

thanks,
Angie Nett
The Heidi Group
(512) 255-2088 | angie@heidigroup.org
www.heidigroup.org

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick-up, N/A, DO NO	Ship Via If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.	Purchase Order 52900-7-0000100178
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Date 03/20/2017	Revision Page 1

Vendor: 1742757919
THE HEIDI GROUP
PO BOX 2050
ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
Mail Code: 3500
4900 N. Lamar Blvd, 5th Floor
Austin TX 78751
United States

Purchaser: Jackson, Stefanie D (PCS) 512-406-2468

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date
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Terms and Conditions are attached.

HCATS Contract # 529-16-0102-00053
HHSAS Contract # 529-16-0102-00053

This purchase order is issued in accordance with Texas Government Code, Section 2155.144 and Title 1, Texas Administrative Code, Chapter 391. TAC 391.205 (b)(5) Enrollment Contract

Confirmation order DO NOT DUPLICATE

Vendor Information: The Heidi Group dba Wellness Coalition

Agency Contact: Camille Laosebikan
Phone: (512) 776-3561
Email: Camille.Laosebikan@hhsc.state.tx.us

HHS-PCS Purchasing Contact: Stefanie Jackson
Phone: (512) 406-2468 Fax: (512) 406-2688
Email: stefanie.jackson@hhsc.state.tx.us

This contract is subject to cancellation, without penalty, either in whole or in part, if funds are not appropriated by the Texas Legislature. GSC Procurement Manual, pg 1, section 2.57.

HHS or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services actually ordered and received by the agency. Any funds not utilized by 8/31/17 are automatically cancelled.

Client Purchase/Stock BEST VALUE
PCC EX/0 Requisition # 2000165385
Non-Competitive: Enrollment
01/05/2017-08/31/2017 with two additional two-year terms

1- 1 FY17 - Contract 529-16-0102-00053 with The Heidi Group to provide women's health and education services to the people of Texas for the Family Planning program in HDIS. Term 01/05/2017 thru 08/31/2017. Contract amount \$5,1000,000.00	952-58	1.00LOT 2,550,000.00000 2,550,000.00 03/20/2017
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Schedule Total 2,550,000.00

Contract ID: 529-16-0102-00053 Contract Line: 0 Release: 0

Item Total for Line 1 2,550,000.00

Health & Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	
Net 30	N/A, Service, Pick-up, N/A, DO NO		52900-7-0000100178	
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				

Vendor: 1742757919
 THE HEIDI GROUP
 PO BOX 2050
 ROUND ROCK TX 786802050

Bill To: Health & Human Services Commission
 Mail Code: 3500
 4900 N. Lamar Blvd, 5th Floor
 Austin TX 78751
 United States

Purchaser: Jackson,Stefanie D (PCS) 512-406-2468

Line-Sch	Inventory Item ID - Line Description	Class-Item	Quantity UOM	PO Price	Extended Amt	Due Date

Total PO Amount

2,550,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.